

## Employee Benefits Liability Supplemental Application

1. Applicant Name:
2. Number of employees covered by the Applicant’s employee benefit programs administered in the U.S., its territories or Canada:
3. Does the applicant have a full-time human resource manager or department? Yes    No
4. On programs permitting employees an option to enroll or not enroll, does the Applicant require a signed acceptance or rejection form? Yes    No
5. Is a written guide of the Applicant’s employee benefit programs provided to each and every employee? Yes    No
6. Does the Applicant currently carry employee benefits liability insurance? Yes    No

*If “yes”, please complete the following:*

Insurance Company:

Policy Period:

Expiring Limits: \$ Each Claim \$ Aggregate

Expiring Deductible: \$

Expiring Premium: \$

Retroactive Date:

7. Has any insurer declined, cancelled or nonrenewed any Employee Benefits Liability policy for any person(s) or entity(ies) proposed for this insurance? Yes    No

*If “yes”, please provide additional details in the Additional Comments section below.*

8. Has (have) any Employee Benefits Liability judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance? Yes    No

*If “yes”, please provide additional details the Additional Comments section below.*

9. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any facts, circumstances or situations which might afford grounds for any Employee Benefits Liability claim? Yes    No

*If “yes”, please provide additional details the Additional Comments section below.*

*Additional Comments:*

*It is understood and agreed that with respect to all questions involving past claims history or known incidents,, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.*

*Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.*

*The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.*

*The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.*

*I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.*

**Name of applicant:**

**Signature of person authorized to execute on behalf of the applicant:**

**Name/title of person authorized to execute on behalf of the applicant:**

**Date:**

*This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.*

*A copy of this application should be retained for your records*